



DISABILITY RIGHTS NEW YORK

New York's Protection & Advocacy System and Client Assistance Program

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BELLEVUE HOSPITAL'S USE OF RESTRAINTS IS ALARMING DRNY & MHLS CALL FOR ACTION NOW

Albany, NY, November 1, 2016 - In a joint investigation by the Mental Hygiene Legal Service for the First Judicial Department (MHLS) and Disability Rights New York (DRNY), evidence was uncovered demonstrating an unusually high usage of mechanical restraints on patients at Bellevue Hospital Center as compared to other public hospitals in New York City. The report, titled, "*Investigation Report: Use of Restraints on Psychiatric Patients at Bellevue Hospital Center,*" was published on November 1, 2016. Bellevue's high incidence of mechanical restraint usage on psychiatric patients is a significant area of concern. As Bellevue's own policy states, restraint use "*has the potential to produce serious consequences, such as physical and psychological harm, loss of dignity, violation of an individual's rights, feelings of isolation and even death.*"

MHLS and DRNY reviewed and analyzed data on restraint use at Bellevue during the period September 2014 through August 2015. As the report shows, even after taking into account factors that could lead to increased restraint use, such as the age of its patients, Bellevue used mechanical restraints at markedly higher rates than other New York City hospitals treating psychiatric patients. The actual number of restraints is unclear since Bellevue has inconsistently reported their use. Our investigation disclosed that Bellevue under-reports its use of restraints and, in particular, fails to recognize the use of intramuscular injections of psychotropic medications as a form of restraint.

"Mechanical restraint" refers to the process of strapping a patient to a bed with all limbs secured and immobilized. By law, such restraints may be utilized in psychiatric hospitals only when staff feel that the immediate safety of the patient, staff, or others on the unit is compromised by a patient's current dangerous behavior. Mechanical restraint is intended to be a short-term way of keeping the patient from injuring himself or others, and it should be ordered only after a sequence of less restrictive de-escalation techniques have been attempted.

Studies of patients have found that they prefer the use of a seclusion room over bed restraint as a method of confinement and consider physical restraints to be more threatening than seclusion.

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Resorting to seclusion after other de-escalation techniques have failed, but before ordering mechanical restraints, may assist in maintaining healthier milieus.

Therefore, MHLS and DRNY call upon Bellevue to take the following actions immediately:

1. Bellevue should focus on de-escalation and less restrictive interventions, including the use of seclusion as an alternative to mechanical restraint.
2. Bellevue should review its current training on the use of mechanical restraint, and ensure that it also teaches effective methods of reducing the frequency of restraint.
3. Bellevue should improve its staff-to-patient ratios to ensure that adequate resources are in place to manage patients in crisis.
4. Bellevue should require debriefing after the use of restraint to help prevent repeated use for individual patients.
5. Bellevue restraint/seclusion form should be redesigned to include more patient-specific information and to require documentation of alternative de-escalation methods and less-restrictive forms of intervention.
6. Bellevue should develop and implement a more effective data collection system that accurately tracks the use of restraint and seclusion and accounts for the concurrent use of chemical restraints.

“Failure to adhere to these recommendations will continue to put patients at increased risk and is unacceptable,” said Timothy A. Clune, Executive Director of DRNY.

Report: <http://www.drny.org/bellevue-report.html>

DRNY is the federally authorized protection and advocacy agency for people with disabilities in New York. DRNY has broad authority under federal and state law to monitor conditions and investigate allegations of abuse or neglect occurring in any public or private facility, including a psychiatric hospital, providing care, services, or treatment, to individuals with disabilities.

MHLS is the New York State agency responsible for representing, advocating, and litigating for individuals with mental illness. MHLS attorneys work in all hospitals in New York State that provide inpatient psychiatric care. Under Mental Hygiene Law §47.03(d), MHLS is entitled to any and all records or data pertaining to any psychiatric hospital.

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